WEST VIRGINIA WISEWOMAN
Screening Form

Provider Name	Date		SSN#

Last Name	First Name	M.I.	Date of Birth / /

❑ Received Screening from WVBCCSP	Risk Reduction Counseling Date / /	Risk Reduction Counseling Complete? ❑ Yes ❑ NO
❑ New Enrollee ❑ Follow-Up (6 Months) ❑ Annual Screening (11-18 Months)	Risk Reduction Counseling Completion Date: / /	

Demographic Information

What is your highest level of education?
- ❑ Less than 9th
- ❑ Some high school
- ❑ High school graduate or equivalent
- ❑ Some college or higher
- ❑ Don't know/Not sure

What is the primary language spoken in your home?

❑ English	❑ Japanese	❑ Vietnamese
❑ Spanish	❑ Korean	❑ Creole
❑ Arabic	❑ Polish	❑ Portuguese
❑ Chinese	❑ Russian	❑ Hmong
❑ French	❑ Tagalog	❑ Other
❑ Italian		

Clinical Measurements	Result	Referral Selection Definitions
Height (inches)		BMI_____ ❑ **Obese:** BMI >30; consider as risk factor for CVD ❑ **Normal:** BMI 18.5-24.9
Weight (pounds)		❑ **Overweight:** BMI 25.0-29.9 ❑ **Underweight:** BMI <18.5
1st Blood Pressure	/	❑ **Alert: >180 (systolic) and/or >120 (diastolic); refer for Alert Evaluation – participant must be seen immediately or within 7 days;** offer Hypertension Self-Management Module
2nd Blood Pressure	/	❑ **Stage 2 Hypertension:** 160-180 (systolic) **and/or** 100-110 (diastolic); **if currently taking blood pressure medication** offer Hypertension Self-Management Module ❑ **Stage 1 Hypertension:** 140-159 (systolic) **and/or** 90-99 (diastolic); **if currently taking blood pressure medication** offer Hypertension Self-Management Module
Waist Circumference (inches)		Indicator of increased risk for chronic disease
Lab Date: / /	❑ **Venipuncture** ❑ **Cholestech**	**Has participant fasted for at least 9 hours?** ❑ Yes ❑ No
Total Cholesterol (mg/dL)		❑ **High:** >240 mg/dL; **follow standard clinical protocol** ❑ **Borderline High:** 200-239 mg/dL ❑ **Desirable:** <200 mg/dL
HDL (mg/dL)		❑ **Abnormal (low):** <40 mg/dL ❑ **Normal:** >40 mg/dL
LDL (mg/dL) *(fasting ONLY)*		❑ **Abnormal:** >100 mg/dL ❑ **Normal:** <100 mg/dL
Triglycerides (mg/dL) *(fasting ONLY)*		❑ **Abnormal:** >150 mg/dL ❑ **Normal:** <150 mg/dL
A1C		**Refer for Diagnostic Screening if <3.5 or >9.0** ❑ **Diabetes ≥6.5%**
Blood glucose		❑ **Pre-Diabetes 5.7-6.4%** ❑ **Normal <5.7%**

Clinician Signature:_____   **Date:** _____